EXAMPLE: Certificate of Insurance for Metro Special Events including Alcoholic Beverages

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ACORD	CERTIFICATE OF		MALOOLD-01	P_OGAN
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		INSURER B		
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		INSURER D		
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SUCCESSORS ARE INCLUDED AS	DUNTY METRO GOVERNMENT, ITS EL ADDITIONAL INSUREDS FOR THE N	ECTED AND APPOINTED, EMPLO AMED INSURED'S GENERAL LIABI	YEES, AGENTS AND ILITY AND LIQUOR COVERAGE	
ERTIFICATE HOLDER		CANCELLATION		
Louisville Metro Gaver inter Natro Development Center	d .	SHOULD ANY OF THE ABOVE DES THE EXPHATION DATE THER ACCORDANCE WITH THE POLICY		DEFENE PERFO IN
4445 5th Street Suite 108 Coulsville, KY 40250		SUTHORIZED REPRESENTATIVE		
€ CORD 26 (2014/01)	Louisville Metro G	Government must	CORPORATION All rights re	an arrival
14 (140) IS	be added as Certi		All lights fe	arived



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: FAX (A/C, No): ADDRESS INSURER(S) AFFORDING COVERAGE NAIC # INSURER A INSURED INSURER B : INSURER C : INSURER D: INSURER E : INSURER F **COVERAGES** CERTIFICATE NUMBER: **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE \$ 1,000,000 COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 CLAIMS-MADE OCCUR MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 2.000,000 JECT POLICY LOC AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) \$ HIRED AUTOS PROPERTY DAMAGE (Per accident) \$ \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE RETENTION\$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICE/MEMBER EXCLUDED? WC STATU-TORY LIMITS E.L. EACH ACCIDENT (Mandatory In NH) E.L. DISEASE - EA EMPLOYEE \$ DESCRIPTION OF OPERATIONS halo E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) 'The Louisville/Jefferson County Metro Government, its elected and appointed officials, employees, agents and successors are added as an "Additional Insured" as respects operations of the Named Insured performed relative to the contract." CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Louisville/Jefferson County Metro Government THE "EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 611 West Jefferson St, Room 33 ACCORDANCE WITH THE POLICY PROVISIONS. Louisville, KY 40202 AUTHORIZED REPRESENTATIVE

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COI – LMG AND WATERFRONT DEVELOPMENT CORP (WDC) GL EXAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the PRODUCER CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # INSURED INSURER A INSURER R INSURER C INSURER D INSURER E INSURER F COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. TYPE OF INSURANCE POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED \$ 1,000,000 CLAIMS-MADE OCCUR PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ 2,000,000 X POLICY PRODUCTS - COMP/OP AGG \$ 2,000,000 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS BODILY INJURY (Per person) \$ NON-OWNED AUTOS BODILY INJURY (Per accident) HIRED AUTOS \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB \$ OCCUR EXCESS LIAR EACH OCCURRENCE CLAIMS-MADE \$ DED RETENTION \$ AGGREGATE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE WC STATU-TORY LIMITS OFFICE/MEMBER EXCLUDED? (Mandatory in NH)
If yes, describe under E.L. EACH ACCIDENT DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required) "The Waterfront Development Corporation and Louisville/Jefferson County Metro Government, its elected and appointed officials, employees, agents and successors are added as an "Additional Insured" as respects operations of the Named Insured performed relative to the contract." CERTIFICATE HOLDER CANCELLATION Waterfront Development Corporation and Louisville/Jefferson SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. County Metro Government 611 West Jefferson St Louisville, KY 40202

AUTHORIZED REPRESENTATIVE

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COI – LMG GL WITH LIQUOR LIABILITY AND WORKERS COMP EXAMPLE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

	IMPORTANT: If the certificate holde terms and conditions of the policy, certificate holder in lieu of such endo	r is a	n ADI	DITIONAL INSURED, the plicies may require an er	policy(ies) must be ment. A stat	endorsed. tement on ti	If SUBROGATION IS WA	VED, s	subject to the	
	RODUCER	rsei	nent(s	5).	CONT NAME PHON (A/C,	ACT : E No. Ext):		FAX (A/C, No	-	rights to the	
-					E-MAI ADDR	ESS:					
L					INSUR		SURER(S) AFFO	RDING COVERAGE		NAIC #	
INS	GURED				INSUR	77	1				
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						INSURER D:					
					INSURER E :						
	OVERAGES CE	E NUMBER:	REVISION NUMBER:								
	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PEF	RTAIN, ICIES	THE INSURANCE AFFORD		THE POLICIE	S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR DOCUMENT WITH RESP	THE PO ECT TO TO ALL	LICY PERIOD WHICH THIS THE TERMS,	
LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSI	L SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DB/YYYY)	LIMI	rs		
٨	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X	-					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 1,000	000	
Α	X Liquor Liability							PERSONAL & ADV INJURY	\$ 10,00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,000	0,000	
	AUTOMOBILE LIABILITY	Г	T					COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO ALL OWNED SCHEDULED			- 1 				BODILY INJURY (Per person)	\$		
Α	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident)	\$		
	AUTOS							PROPERTY DAMAGE (Per accident)	\$		
	UMBRELLA LIAB OCCUR	Г						FACUCACA	\$		
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	WORKERS COMPENSATION		\vdash						\$		
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N		_					WC STATU- TORY LIMITS OTH- ER	7		
	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$ 2,000	,000,	
_	If yes, describe under DESCRIPTION OF OPERATIONS below								\$ 2,000		
Α		$\overline{}$	-					E.L. DISEASE - POLICY LIMIT	\$ 2,000	,000	
		ı	1								
ESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ttach A	CORD 101 Additional Pamarka S		,					
Ouis	sville/Jefferson County Metro Governme ects operations of the Named Insured pe	nt. Its	elect	ed and appointed officials	employ	ees, agents a	nd successo	rs are added as an "Addi	tional Ins	sured" as	
ER	TIFICATE HOLDER				CANCE	LLATION					
Louisville/Jefferson County Metro Government 611 West Jefferson St, Room 33					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Louisville, KY 40202					AUTHORIZED REPRESENTATIVE					

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COI: LMG AND WDC GL, WITH LIQUOR LIABILITY, WORKERS COMP, AND AUTO EXAMPLE



CERTIFICATE OF LIABILITY INSURANCE

07/25/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER	CONTACT	
REBUGER	NAME:	
	PHONE (A/C, No, Ext): FAX	, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURER A : Secura Insurance	22543
INSURED	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E :	
	INSURER F :	
COVERAGES CERTIFICAT	TE NUMBER:	0.

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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP			
	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s	
А	W	х			05/01/2018	05/01/2019	EACH OCCURRENCE	\$	1,000,000
	The second secon						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000
	X Liquor Liability						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				_		GENERAL AGGREGATE	\$	2,000,000
	PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
	JECT LOC	-						\$	
А	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	ANY AUTO ALL OWNED SCHEDULED				05/01/2018	05/01/2019	BODILY INJURY (Per person)	\$	
	AUTOS AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
	UMBRELLA LIAB COCUE	-						\$	
	EXCECCION						EACH OCCURRENCE	\$	
	CEAIMS-IMADE	-					AGGREGATE	\$	
	DED RETENTION\$ WORKERS COMPENSATION	_						\$	
В	AND EMPLOYERS' LIABILITY	N/A			05/01/2018	05/01/2019	X WC STATU- TORY LIMITS ER		
D	OFFICER/MEMBER EXCLUDED?						E.L. EACH ACCIDENT	\$	2,000,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$	2,000,000
Α	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	2,000,000
~	Commercial Applica				05/01/2018	05/01/2019			
						-			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ttach A	CORD 101 Additional Pamarka Sahadu	lo if man and i			-	

"The Waterfront Development Corporation and Louisville/Jefferson County Metro Government, its elected and appointed officials, employees, agents and successors are added as an "Additional Insured" as respects operations of the Named Insured performed relative to the contract."

CERTIFICATE HOLDER	
Waterfront Development Corporation and Louisville/Jefferson County Metro Government	LOUIJ-5

611 W. Jefferson St. Louisville, KY 40202

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE